	PETITION FO	R EXTENSION (Small	Docket No. TKF-32								
	In Re Application Of: Den TABOR										
	Application No.	Filing Date July 10, 2003	Examiner Robert F. Swiatck	Customer No. 20,986	Group Art Unit 3643	Confirmation No. 3584					
	Invention: KITE WITH MOVABLE FIGURE										
	COMMISSIONER FOR PATENTS: This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a response to the Office Action of September 22, 2004 in the above-identified application. Date The requested extension is as follows (check time period desired):										
	One month Two months Three months Four months Five months										
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN										THAN		
(Column 1) (Column 2)							1	TYPE [OR		
TOTAL CLAIMS			೨೭					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			26 minus 20= *		* 6	E		X\$ 9=		OR	X\$18=	
INC	EPENDENT CL	AIMS	5 minus 3 = *		<u>' </u>	2		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2					Ł	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1)				(Column 2) (Column 3)				SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	<i> 2</i>		<u> </u>		X\$ 9=		OR	X\$18=	
	Independent	* 5	Minus	*** 2		=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=										OR	+280=	
TOTAL ADDIT. FEE									OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)		,			ADDII. 1 E.E.	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	##				X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	lt	X42=			X84=	
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-			OR	A04=	
+140=									OR	+280=		
						A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
_		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=	·		X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	704=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
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